

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047354

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 619

STATE FILE NUMBER

FILED JAN 2 1968

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Morris

Inside Limits

Yes ☒ No ☐b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN IndependenceLength of stay in lb
1 dayc. CITY
OR
TOWN White Cityc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION D.O.A. Indep. HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS Box 81 (If outside, give location)Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

MR. HARRY

Middle

CALVIN

Last

WILSON

4. DATE

Month

Day

Year

OF
DEATH

December

23,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

May 7, 1894

9. AGE (last birthday)

68

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lanam, Neb.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John W. Wilson

13b. MOTHER'S MAIDEN NAME

Dora Shippe

14. NAME OF HUSBAND OR WIFE

Anna Belle Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Harold Kitchen
9902 E. 35th, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Cerebral Hemorrhage

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh A. Owens, Coroner

22b. ADDRESS

152 Main Street

22c. DATE SIGNED

12-24-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Dec. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Highland Cemetery

23d. LOCATION (City, town, or county)

Junction City, Kansas

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

12-25-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5917005
28150

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 92-3

13 1-0

JAN 9 1963

JAN 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address

Indep Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

18.2.1.62